PTO/SB/122 (11-08) Approved for use through 11/30/2011, OMB 0651-0035

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Application Number

06/26/2003 CORRESPONDENCE ADDRESS Filing Date Application Francesco A. Campisano First Named Inventor 2621 Art Unit Address to: Commissioner for Patents Daguan Zhao **Examiner Name** P.O. Box 1450 Alexandria, VA 22313-1450 END920030021US1 Attorney Docket Number Please change the Correspondence Address for the above-identified patent application to: The address associated with Customer Number: 45092 OR Firm or Individual Name Address City State Zip Country Telephone **Email** This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

Attorney or agent of record. Registration Number 40,019

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

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Date April 6, 2009

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____forms are submitted

/Michael F. Hoffman/
Typed or Printed
Michael F. Hoffman

Applicant/Inventor

Assignee of record of the entire interest.

I am the:

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